

5. *A Case of Isolated Softening of the Gyrus Hippocampus and Its Immediate Vicinity—Secondary Degeneration.*—The anatomical connection of the hippocampal gyrus which in all probability has to do with the cortical smell center, has been very little studied. There is no report in literature of the study of an isolated lesion of this region. A short clinical résumé of the case is as follows: Woman, aged 65 years. For twenty-three years she has had epileptic attacks from three to six times each month. Some of these attacks were followed by epileptic stupor or psychosis. She died of marasmus. During life careful examination revealed nothing abnormal in respect to the special sense nerves or to motility or to sensibility. Autopsy showed a moderately diffuse cortical atrophy and a focal disease on the inferior and internal surface of the right temporal lobe. Serial sections of the frontal and temporal lobes were made; the focus was found to be cyst. This case seems to offer definite proof of the fact, which has been assumed already, in studies of comparative anatomy and embryology, that the nerve fibers of the fimbria arise exclusively in the gyrus hippocampus, the uncus and the Ammons horn, that the fornix is made up of two portions in its dorsal knee, the fimbria portion and the so-called fornix longus, the latter arising from the corpus callosum. It appears that in man the calumna is an uncrossed communication between the Ammon's horn and the corpus mammillaria of one side. The fibers of the fornix longus end, as this case shows, in the neighborhood of the septum pellucidum, the fimbria fibers in part uncrossed in the lateral nucleus of the corpus mammillaria and in part crossed in the region of the septum pellucidum.

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1. Affections of the Cauda Equina and the Lower Segment of the Cord. F. RAYMOND.
2. The Anatomy of the Lacunæ of Disintegration of the Brain. JEAN FERRAND.
3. Degenerative Infantilismus, Complicated with Dysthroidea of Puberty (Brissaud's Type). E. DUPRÉ and PHILLIPE PAGNIEZ.
4. Congenital Absence of the Greater and Lesser Pectoral. A. SOUQUE.
5. Little's Syndrome. GASTON DANIEL.
6. The Sense of Attitude. BONNIER.
7. Note on the Radicular Topography of Myelopathic Muscular Atrophy. CESTAN and HUET.

1. *Affections of the Cauda Equina and of the Lower Segment of the Cord.*—The anatomical limits of the conus terminalis have been fixed arbitrarily by anatomists. Recently Müller of Erlangen has found a basis that seems to be strictly scientific. That portion of the cord which gives rise to the last three pairs of sacral nerves and to the coccygeal nerve differs essentially in its histologic constitution from the adjacent structure. Raymond founds his limit upon clinical grounds in the following way: It comprises all paralytic symptoms of the bladder and rectum, associated with impotence in the male and an anesthesia limited to the anus, perineum, scrotum, penis in men, to the vulva, labia majora, and to the urethro-vesical mucous membrane in women. To this group of symptoms another may be added as it is frequently met with, consisting of a motor paralysis of the posterior region of the thighs, the legs, and the feet; (2) an anesthesia, total or dissociated, which occupies the median part of the posterior aspect of the thighs and legs, the external edge of the leg and foot, sometimes all the surface of the foot with the exception

of a narrow band adjacent to the internal border; (3) abolition of the Achilles reflex. In other words, it means a sensory-motor paralysis of the sacral and sacro-coccygeal plexus. The following case is given as an illustration: Man, 54 years old. As the result of a fall from a moving train the following symptoms appeared seventeen days after accident: (a) incomplete motor paralysis of the inferior extremities; (b) vesico-rectal paralysis; (c) functional genital symptoms; (d) trophic disturbances; (e) sensory zone of anesthesia—ano-perineo-rectal, which extended upon the neighboring buttock region and upon the posterior portion of the thigh. Zone of hypo-aesthesia limited to the external border of each foot on the dorsum. Subjective symptoms of pain, caused by passive motion of the lower extremity. The treatment of these cases may be divided into main divisions: symptomatic and causal. The latter is by far the more important, and under this head may be considered the three following possibilities: (a) traumatism, that is, a luxation of a vertebra or a fracture, causing compression of the spinal roots; (b) in the absence of an antecedant traumatism, the possibility of a specific infection must be considered; if present, it is probably an extradural process, a pachymeningitis specifica, which reacts very favorably to antilutetic treatment; (c) in cases where no trauma or specific infection is found and yet where the symptoms are the result of a circumscribed lesion, acting upon the cauda equina by means of compression, the symptoms of pain being especially marked, then the possibility of a tumor is very great. In such cases the surgical intervention, looking to the extirpation of the tumor, is not only indicated but is necessary.

2. *The Anatomy of the Lacunae of Disintegration of the Brain.*—The lacunae of cerebral disintegration were little studied before Pierre Marie took them up. This paper is based upon material collected in the laboratory of Bicêtre. The study of the anatomy underlying the loss of cerebral substance, the most frequent cause of the hemiplegia of old people, is the chief purpose of this paper. The chief results of this investigation may be summarized under the following heads: Macroscopic anatomy of the lacunae. The most frequent seat of the lesion is in the gray nuclei of the brain. Of one hundred lacunar lesions, eighty-seven were found in the central gray nucleus, and only thirteen in the white substance. Under histology of the lacunae, the principal facts noted are—whatever the size or the location of the lacunae may be, the process of their formation consists of two steps, first the miliary lacuna, which may be considered as the preparatory step. It is characterized by the fact that around a cerebral arteriole the tissue becomes thin but adherent to the vessel. In the second stage there is a formation of a cavity between the central vessel and the cerebral parenchyma. Lesions of the vessels. The central vessel is usually one of moderate calibre; sometimes it is an arteriole, but its walls are always very much thinned. Pathological change is found chiefly in the muscular layer. Connective tissue elements replace muscular fibers. This substitution takes place very gradually without any leucocytic infiltration and without any phenomenon indicating that the vascular walls have been the seat of any inflammatory reaction whatever. This change is not characteristic of cerebral vessels but is common to all senile arteries. The walls of the lacunar cavity are formed by the cerebral tissue itself, very little altered. Contents of the lacunae. There are two sorts of elements, one from the cerebral parenchyma itself, and the other from the blood vessels. Sometimes the process of disintegration can be arrested by the cicatrization of the cerebral tissues and the proliferation of neuroglia can fill the cavity so that no trace of beginning cavity formation can be demonstrated.

3. *Degenerative Infantilisimus.*—An account illustrated with photo-

graphs and radiographs of a case of degenerative infantilism. The interest in this observation consists in the successive factors which caused the developmental arrest of this child. Among them are to be noted alcoholic heredity, premature birth, retardation of dentition, the late appearance of speech and intelligence. This group tends to show a state of hereditary infantilism of toxic origin. An attack of typhoid fever at five years of age furnished the infectious element acting to favor the retardation of growth. At the age of fourteen there developed a myxedematous condition together with appearance of a rudimentary menstruation.

4. *Congenital Absence of the Greater and Lesser Pectoral.*—The congenital absence of these muscles is rarely observed. Such a case is described in this article, which contains a beautiful photograph of the case, with a radiograph of the right hand, which shows a curious lack of development in regard to size.

5. *Little's Syndrome.*—The author calls attention to the confusion which at present exists in the group of symptoms known under the name of Little's disease. In 1852 Little published a series of observations relating to the deformity of the human frame. These symptoms had been known before then under the term spasmodic tabes. With the advance in histological study these various symptoms became known as Little's disease. Van Gehuchten has given the characteristics of Little's disease as, first, premature birth; second, spasmodic contractures with absence of cerebral lesions; third, tendency to spontaneous and progressive cure. The whole affection is due to the lack of development of the pyramidal tract. The author gives a critical résumé of these characteristics. In regard to the first, Little's disease has been observed in infants born at term, and has been even known to appear two years after birth. In regard to the second, it is noted that these symptoms are not very well defined and are just as well applicable to the paralyzes and paraplegias of infants. It seems almost impossible to imagine a paraplegic contracture or dystrophy without intelligence being indirectly affected. In regard to three, this is not constant at all; while some cases show a distinct tendency towards improvement, others show just the reverse. As to four, the pyramidal tract at best is not completely formed until the ninth or tenth month, as is shown by histological study and by the persistence of the Babinski sign. Nevertheless the average baby does not present in the first months of its life any evidence of contracture or incoördination of the extremities. It is probable that under this term at present a diversity of conditions may be understood and that no definite anatomical or clinical meaning can be attached to it.

6. *The Sense of Attitude.*—A study in the psychology of the sense of attitude, which Bonnier defines as that quality which informs us concerning the relative position of every part of ourself to ourself. Impossible to abstract.

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*Rivista di Patologia Nervosa e Mentale.*

(June, 1902, v. vii., fasc. 6.)

1. An Anomaly of the Cerebellum. DON. D. ROVEY AND B. DE VECCHI.
2. Complete Ablation of the Thyroid Body in a Dog. G. CORONEDI AND G. MASCHETTI.
3. A Contribution to the Pathogenesis of Exophthalmic Goiter. ETTERE TEDESCHI.

3. *Exophthalmic Goiter.*—The following conclusions are arrived at by the author after a series of experiments on rabbits and dogs:

1. Lesions of the restiform bodies (especially in their anterior portions) produces symptom complex of morbus Basedowi.